



MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179

Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name			Office:	
Anna P. B.	Indao		☐ House	☐ Senate
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Hugusta,	<u>M£.</u>	04330	622-	3967
PART 1. INCOM	E DERIVE	D FROM EMPLOYMENT BY ANO	THER	
List the name and address of each employer fro economic activity of each employer.	m whom yo	ou received compensation of \$1,000 or	more. Specify the	e principal type of
Name of Employer		Address		e of Economic Employer
MSEA	96 L	evall St	Retgi	nest
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		RIVED FROM SELF-EMPLOYMENT rs who are self-employed.)		
A. List the name and address of your business, associated with a partnership, firm, professional entity.	if any, and I	ist the major areas of economic activity	from which you do or areas of econom	erived income. If nic activity of that
Name and Address of Business Entity		Major Areas of Economic Activity (self)	Acl (partnership, ass	of Economic sivity ociation or similar as entity)
Name:				
· Address:		The second secon		
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Address:		Votes in a constant of the con	And the state of t	

PART 2 (continued). INCOME DERIVED FRO (For Legislators who are self-emp		MENT
B. List each source of income derived from self-employment that represents more greater, and specify the principal type of economic activity of the entity or pers disclosure is prohibited by law, rule, or an established code of professional ethics entity or person from whom the income was derived.	on from whom you de	erived such income. If this form of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		
Address:		
Name:	ad tidak dibuktika kenadi sahabihan serenka di sahabi tena sendingan prompin samuntan sejamang Ta	
Address:		
PART 3. MAJOR AREAS OF F (For Legislators who are attorneys-at-		
List your major areas of practice. If associated with a law firm, list the major areas		n.
Name and Address of Firm	Major Areas of Prac (self)	tice Major Areas of Practice (firm)
Name:		
Address:		
Name:		
Address:		7
PART 4. OTHER SOURCES OF	FINCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this for	rm. Do not include gif	ts. If none, check the box.
None	AAATAAN MERINDI HEERINDI KROOMAAN MERINDI KERINDI DI MORAAN MERINDI ANGAR KARAMETAAN MERINDI KARAMETAAN MERINDI	lleditektik kilikeli kikishi telebelelesi tekki teliki kiriki kiriki telebeleki kirik kiriki kosh errad dasa armen samara masaaran mad
Name and Address of Source		Kind of Income (investments, leases, etc.)
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Address:	STANTANTON AND AND AND AND AND AND AND AND AND AN	
Name:		ээтооминовиновиновин ж. тэмжий какоомин хоом байсан
Address:	DER V FAITS AT THE STATE OF	
PART 5. REPORTABLE LIAE	BILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liability or loans	received during the r	reporting period, and list the major
☐ None	maana saadama ka asaa saada da daa ay ay ahaan ay ahaan ay ahaa ahaa aha	ad 1994 ka hara 1994 ta 1994 ka 19
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
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Address:	**************************************	
Name:	6864-8938-44-968-64-30-48-88-60-30-88-60-46-88-60-00-88-	
Address:	i Addition disposition	

PART 6. RE	PORTABLE GIFTS
List the specific source of each gift of more than \$300. Include on none, check the box.	gifts with an aggregate value of more than \$300 from a single source. If
None	
Name of Source of Gift 1.	Name of Source of Gift 3.
2.	4
	RTABLE HONORARIA
	eches related to your legislative responsibilities. If none, check the box.
│	Name of Source of Honoraria
1.	3.
2.	4.
PART 8. REPRESENTATI	ON BEFORE STATE AGENCIES
	I or assisted others for compensation of any amount. If none, check the
Name of Agency	Name of Agency
1.	3.
2.	4.
PART 9. BUSINESS	WITH STATE AGENCIES
List each executive branch agency to which you or a member of \$1,000 during the reporting period. If none, check the box.	your immediate family sold goods or services with a value in excess of
None	
Name of Agency	Name of Agency
1,	3.
2.	4.
PART 10. INCOME RECEIVED B	Y MEMBERS OF IMMEDIATE FAMILY
List the type of economic activity representing each source of incomplete dependent child(ren) during the reporting period and the kind of incomplete or more of income, their name and job title are listed. Do not include	come of \$1,000 or more received by your spouse or domestic partner or accome represented. If your spouse or domestic partner received \$1,000 de gifts.
Name of Spouse or Domestic Partner and Job Title Re	pe of Economic Activity epresenting Source of Relationship Kind of Income income Received
Name: Michael Bludgett 2. Job Title: IT Cansultant 3.	MEPERS Spouse or 1. Contract Walk Partner 3. Rettionent
-575 VEPS	Dependent . ·
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic	Child Dependent
activity and the kind of income.	Child Dependent
	Child

None				
Organization/Business and Address	Title	Position Held By:	Family Member'	s Compen- sated?
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ne intentional filing of a false statement is a Class E Ilfully filed a false statement, it shall refer its findings				a Legisiatoi II
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PART 11. OFFICER OR DIRECTOR POSITIONS